

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/841422

FILING DATE

4/24/01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5	1					
6	1					
7	1					
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TOTAL IND.	4		2			
TOTAL DEP.	11	-	2	-		
TOTAL CLAIMS	15					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			2			
TOTAL DEP.			2			
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY